

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

168 -62-016284

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 168

STATE FILE NUMBER

FILED MAY 1 1962

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 1025 East 24th Street	

3. NAME OF DECEASED (Type or print) First LEONARD Middle E. Last SHERIDAN			4. DATE OF DEATH Month April Day 24 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claims Agent		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R. R.		11. BIRTHPLACE (City and state or country) Springfield, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Barney Sheridan		13b. MOTHER'S MAIDEN NAME Ann Ross	
14. NAME OF HUSBAND OR WIFE Ellen M. Sheridan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 1025 East 24th St. Sedalia, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Severe Hypertension		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic Cerebro Vascular disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Sedalia, Missouri	

21. I attended the deceased from **September 4 1959** to **April 24 1962** and last saw him alive on **April 24 1962**
Death occurred at **10:35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert J. Campbell, M.D.		22b. ADDRESS 312 1/2 So. Ohio Sedalia Mo.		22c. DATE SIGNED 4-25-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 27, 1962		23c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens	
23d. LOCATION (City, town, or county) Sedalia, Missouri		23e. DATE RECD. BY LOCAL REG. April 25 1962		23f. REGISTRAR'S SIGNATURE Francis Shelby	
24. FUNERAL DIRECTOR D. W. Heckart		ADDRESS Sedalia, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 4 1962

JUN 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Fournier Jr.

Licensed Embalmer No. 5173

P. O. Address Andalusia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.